



# LAND USE APPLICATION ADMINISTRATIVE CONDITIONAL USE PERMIT COMMUNITY & ECONOMIC DEVELOPMENT

18204 59 Avenue NE • Arlington, WA 98223 • Main Line 360.403.3551

<b>FOR AGENCY USE</b>	Date:	File:	Fee: \$
PERMIT TYPE			
Type of Miscellaneous Permit	<input type="checkbox"/> Homeless Encampments <input type="checkbox"/> Special Event <input type="checkbox"/> Temporary / Seasonal Use	<b>Required Submittals</b> (Check All That Apply)	<input type="checkbox"/> Auxiliary Sheet <input type="checkbox"/> Shoreline Substantial <input type="checkbox"/> Design Review – Admin. <input type="checkbox"/> Design Review – Board <input type="checkbox"/> SEPA <input type="checkbox"/> Traffic – City <input type="checkbox"/> Traffic – County <input type="checkbox"/> Traffic – State
SITE INFORMATION			
Site Address <small>(Use block # if no bldg. #)</small>		Tax Parcel ID Number(s)	
Acreage & Square Footage Of Property		Zoning Classification	
		Use Classification No.	
Water Supply	Current	Proposed	Sewer Supply
			Current
			Proposed
Existing Use of Property			
On-Site Critical Areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Critical Area Type <small>(e.g. wetland, steep slope, etc.)</small>	
Has Site Been Logged in Past 6 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will Site Be Logged as Part of This Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
OWNER		APPLICANT	CONTACT
Name			
Full Address			
Phone Number			
E-mail			
Relationship of Applicant to Property (check one)	<input type="checkbox"/> Owner	<input type="checkbox"/> Contract Purchaser	<input type="checkbox"/> Lessee <input type="checkbox"/> Other: _____
PROJECT ARCHITECT	PROJECT ENGINEER		PROJECT SURVEYOR
Name			
Full Address			
Phone Number			
E-mail			

**APPLICANT CERTIFICATION**

I certify that I am the Owner or Owner’s authorized agent. If acting as an authorized agent, I further certify that I am authorized to act as the Owners agent regarding the property at the above referenced address for the purpose of filing applications for permits or review under the Arlington Municipal Code and I have full power and authority to perform on behalf of the Owner all acts required to enable the City to process and review such applications.

I do hereby declare under penalty of perjury under the laws of the state of Washington that I have familiarized myself with the rules and regulations with respect to preparing and filing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief.

DATED AT \_\_\_\_\_ , Washington on this date: \_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_

**REAL PROPERTY OWNER CERTIFICATION**

I do hereby declare under penalty of perjury under the laws of the state of Washington that I am the owner of the subject property or an officer/member of the entity owning the subject property, that it is my desire to seek the subject land use permit, and that I will abide by any requirements and conditions that may be part of the approval of this request. I also hereby grant permission for City employees, agents of the City and/or other agency officials to enter the subject property, if necessary, for the purpose of site inspections.

DATED AT \_\_\_\_\_ , Washington on this date: \_\_\_\_\_

Owner’s Signature: \_\_\_\_\_

All other property owners of the subject property must also sign below (attach additional sheets if necessary):

1) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

# AUXILIARY SHEET

# SPECIAL EVENT

## ADMINISTRATIVE CONDITIONAL USE PERMIT

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Office Hours: Monday – Friday 8AM to 5PM (Closed Holidays)

### INSTRUCTIONS

Table I below is a checklist of items that must be submitted as part of your special event zoning permit application. Table II below outlines the minimum information that must be provided on your plan sheets. Numbers in parenthesis equal the number of copies required. Please use only paper clips and/or binder clips when assembling documents. If you have any questions about what is required, or if you would like to schedule a pre-application meeting, please call our department main line listed above.

No appointment is necessary for application submittal but it is highly encouraged.

### TABLE I - CHECKLIST

- (1) CD-R with Individual PDFs of Each Item Listed Below ↓
- (1) Vicinity Map (on 8½" X 11")
- (1) Written Narrative (detailed description of proposal/activity)
- (1) State Business License Number, if Applicable

#### SITE PLANS (see Table II)

- (2) 11" X 17"

### TABLE II – PLAN SHEET REQUIREMENTS

- Location of ingress/egress plus on-site traffic flow
- Location of portable restroom facilities
- Location of proposed use/activity
- Location of Parking stalls, including stalls reserved for the handicap

